

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/830514

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6	1					
7	1					
8						
9		3				
10		4				
11		5				
12		6				
13		7				
14		8				
15		9				
16		10				
17			1			
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24			1			
25			1			
26			1			
27				1		
28				1		
29			1			
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31				1		
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46						
47						
48						
49						
50						
TOTAL IND.	4		5			
TOTAL DEP.	15		10			
TOTAL CLAIMS	19		15			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS